Participant Guide

Learn more about your Alaska HERE Gold Plan benefits.

Beginning on and after January 1, 2021
The information in this Participant Guide is based on the Summary Plan Description (SPD). However, in the event of a conflict between the Participant Guide and the SPD, the SPD will govern.
Information about your coverage and how to get the most out of your benefits!

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UNITE HERE HEALTH
844-427-8501
Monday - Friday
8:30am - 4:30pm (Alaska Time)
www.uhh.org/alaska

Helpful numbers:

- Advocacy Line (help with benefits)
  844-427-8516

- Medical Rehabilitation Consultants (MRC)
  (care team & prior authorization)
  800-827-5058

- CVS/Caremark (pharmacy)
  866-818-6911

- Blue Cross Blue Shield of Illinois (life insurance)
  800-348-4512

- Teladoc (doctor by video)
  1-800-835-2362

- MultiPlan (provider network)
  888-636-7427, press 1
We're Here to Help!

Your Alaska HERE advocates can help you with all your questions!

Advocates are your personal Alaska HERE Plan "helpers." They can answer questions about your plan and help you:

- Find a doctor
- Learn about your benefits
- Handle your concerns
- File a claim and paperwork
- Tell you about available programs and services
- Connect you to resources and more

Call us at 844-427-8516 or email us at akadvocacy@uhh.org
You're enrolled in the Gold Medical Plan! Your plan is based on your job's Collective Bargaining Agreement (CBA). Here are some important details about your medical plan.

There's no charge for preventive services and you'll pay 20% coinsurance for most other medical services.

<table>
<thead>
<tr>
<th>Gold Plan feature</th>
<th>What you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible*</td>
<td>$250 per person; $500 per family</td>
</tr>
<tr>
<td>Coinsurance*</td>
<td>20% coinsurance**</td>
</tr>
<tr>
<td>Out-of-pocket maximum*</td>
<td>$3,000 per person; $6,000 per family</td>
</tr>
<tr>
<td>Emergency Room (ER) visit</td>
<td>$100 copay + 20% coinsurance** after your deductible</td>
</tr>
<tr>
<td>Inpatient hospital stay</td>
<td>$350 copay + 20% coinsurance** after your deductible (copay is waived after 4 or more stays per person, per calendar year)</td>
</tr>
</tbody>
</table>

*The PPO deductible, coinsurance and out-of-pocket maximum applies, unless you go to a Non-PPO (Non-Coalition) provider in the Municipality of Anchorage.

**Services received from a Non-PPO provider will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered. You may receive a balance bill from the provider.

Your pharmacy costs are different (see page 21).

If you have any questions about your medical plan, please call: UNITE HERE HEALTH at 844-427-8501.
How to Get Your Benefits

You become eligible for benefits based on how many hours you work.

For every hour you work, your job pays into the Alaska HERE Plan on your behalf.

**How it works:**

1. You become eligible for benefits when you work 255 hours (or more) within a 3-month period. This is called your "work period."

2. Then, you'll have a 2-month wait. This is called your "lag period."

3. Your benefits will start on the 1st day of the 6th month. You'll be covered for that entire month. This is called your "coverage period."

**For example:**

- Maria worked 120 hours in August, 80 hours in September, and 55 hours in October. This is a total of 255 hours.
- That means, Maria is eligible for benefits because she worked 255 hours (or more) within a 3-month period.
- Maria's 2-month wait is November and December.
- Maria's benefits will start on January 1st.
- Maria will have benefits for the entire month of January.

Look at the "Getting Eligibility" chart on the next page to find out what month you'll get your benefits!
### Getting Eligibility:

<table>
<thead>
<tr>
<th>Work period</th>
<th>Lag period</th>
<th>Coverage period</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you work 255 hours (or more) in:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>August, September and October</td>
<td>November and December</td>
<td>January</td>
</tr>
<tr>
<td>September, October and November</td>
<td>December and January</td>
<td>February</td>
</tr>
<tr>
<td>October, November and December</td>
<td>January and February</td>
<td>March</td>
</tr>
<tr>
<td>November, December and January</td>
<td>February and March</td>
<td>April</td>
</tr>
<tr>
<td>December, January and February</td>
<td>March and April</td>
<td>May</td>
</tr>
<tr>
<td>January, February and March</td>
<td>April and May</td>
<td>June</td>
</tr>
<tr>
<td>February, March and April</td>
<td>May and June</td>
<td>July</td>
</tr>
<tr>
<td>March, April and May</td>
<td>June and July</td>
<td>August</td>
</tr>
<tr>
<td>April, May and June</td>
<td>July and August</td>
<td>September</td>
</tr>
<tr>
<td>May, June and July</td>
<td>August and September</td>
<td>October</td>
</tr>
<tr>
<td>June, July and August</td>
<td>September and October</td>
<td>November</td>
</tr>
<tr>
<td>July, August and September</td>
<td>October and November</td>
<td>December</td>
</tr>
</tbody>
</table>
How to Keep Your Benefits

After you get your benefits, you have to work 100 hours (or more) every month to keep them. Your hours will apply to eligibility 2 months later. Look at the “Keeping Eligibility” chart below to see how this works.

Keeping Eligibility:

<table>
<thead>
<tr>
<th>Work period</th>
<th>Lag period</th>
<th>Coverage period</th>
</tr>
</thead>
<tbody>
<tr>
<td>October</td>
<td>November and December</td>
<td>January</td>
</tr>
<tr>
<td>November</td>
<td>December and January</td>
<td>February</td>
</tr>
<tr>
<td>December</td>
<td>January and February</td>
<td>March</td>
</tr>
<tr>
<td>January</td>
<td>February and March</td>
<td>April</td>
</tr>
<tr>
<td>February</td>
<td>March and April</td>
<td>May</td>
</tr>
<tr>
<td>March</td>
<td>April and May</td>
<td>June</td>
</tr>
<tr>
<td>April</td>
<td>May and June</td>
<td>July</td>
</tr>
<tr>
<td>May</td>
<td>June and July</td>
<td>August</td>
</tr>
<tr>
<td>June</td>
<td>July and August</td>
<td>September</td>
</tr>
<tr>
<td>July</td>
<td>August and September</td>
<td>October</td>
</tr>
<tr>
<td>August</td>
<td>September and October</td>
<td>November</td>
</tr>
<tr>
<td>September</td>
<td>October and November</td>
<td>December</td>
</tr>
</tbody>
</table>

Questions about keeping your benefits?
Call UNITE HERE HEALTH at 844-427-8501.
You can save your extra work hours for when you need them!

To keep your benefits, you have to work at least 100 hours every month. If you work more than 100 hours, your extra hours will go into your hours bank. If you're short hours, you can use hours from your "bank" to make up for those missed hours.

This means if you work less than 100 hours in a month, your hours bank will be used to bring your total hours up to 100. That way you'll keep your benefits.

For example:

• Dave has 60 hours in his hours bank.
• Dave only works 80 hours in January.
• Dave is 20 hours short. 20 hours will be taken from his hours bank.
• Dave can keep his benefits.
• Dave will then have 40 hours in his hours bank.

How many hours can I have in my hours bank at once?

220 hours is the most hours that you can have in your hours bank.

To check how many hours are in your hours bank:

☐ Call UNITE HERE HEALTH at 844-427-8501 or
☐ Go online to www.uhh.org/alaska
When You Can Add or Remove Dependents

You can only add or remove dependents once a year at open enrollment or if you have a qualifying life event.

Qualifying life events are:

• You get married
• You have a baby
• You adopt or get a child placed in your home for adoption
• A child from another country comes to live with you
• Your dependents lose their health coverage including your spouse's health insurance, Medicaid, or a Children’s Health Insurance Program (CHIP)
• Your dependents become eligible for Medicaid or a CHIP

You only have 60 days after the qualifying life event to enroll or remove your dependents and send in your paperwork.

To enroll or remove your dependents after a qualifying life event:

☐ Call UNITE HERE HEALTH at 844-427-8501 or
☐ Go online to www.uhh.org/alaska

You'll need to send in proof of the life event, such as:

☐ A copy of your marriage certificate  ☐ Loss of coverage letter or
☐ A copy of the birth certificate  ☐ Other paperwork
How to Make Payments for Dependents

If you enroll your spouse and/or your children as dependents, you'll pay a dependent premium each month.

<table>
<thead>
<tr>
<th>Number of dependents</th>
<th>Monthly payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$35</td>
</tr>
<tr>
<td>2 or more</td>
<td>$50</td>
</tr>
</tbody>
</table>

• **When do I pay dependent premiums?**
  Payments are due on the 20th of the month before the month of coverage. You can only pay for the month that's due. We can't accept payments in advance.

  This means your payment for January is due no later than December 20th and we will only accept your payment for January at that time.

• **What happens if I miss a payment?**
  There's a 30-day grace period. If you miss a payment, you have 30 days to pay your dependent premium. **If you don't pay within your grace period, your dependents will lose their benefits.** You'll have to wait for the next open enrollment or a qualifying life event to put your dependents back on your plan.

  **For example:**
  • Your payment for January is due by December 20th.
  • But your 30-day grace period gives you until January 19th to pay.
  • If you don't pay by January 19th, your dependents will lose their benefits.

• **How do I pay dependent premiums?**
  • Call **844-427-8501** to use your debit or credit card
  • Visit **www.uhh.org/member** to use the member portal
  • Use the **kiosk** in the UNITE HERE! Local 878 union hall at: 530 E. 4th Avenue, Anchorage, AK 99501
  • **Mail a check or money order** payable to **UNITE HERE HEALTH** to: UNITE HERE HEALTH, P.O. Box 809328, Chicago, IL 60680-9328
Your Plan lets you go to any doctor you want. But you'll save money if you go to a PPO provider in your MultiPlan PPO network. The network that you should use is based on where you're getting care. If you go to a provider that's not in your network, it may cost you more.

**What MultiPlan PPO network to use by location:**

<table>
<thead>
<tr>
<th>If you're getting care in:</th>
<th>Your network is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>Beech Street; unless you're in Anchorage and need one of the services listed at the bottom of the page</td>
</tr>
<tr>
<td>Washington</td>
<td>First Choice Health Network</td>
</tr>
<tr>
<td>Idaho</td>
<td>First Choice Health Network</td>
</tr>
<tr>
<td>Montana</td>
<td>First Choice Health Network</td>
</tr>
<tr>
<td>All other states</td>
<td>PHCS</td>
</tr>
</tbody>
</table>

If you're in Anchorage and need one of these services, you should go to one of these providers to save money:

**Hospital services**
Alaska Regional Hospital  
2801 Debarr Rd  
Anchorage, AK 99508  
907-276-1131

**Emergency medicine**
Denali Emergency Medicine Associates  
2801 Debarr Rd #505  
Anchorage, AK 99508  
907-258-9272

**Physical therapy**
Ascension Physical Therapy  
6200 Lake Otis Pkwy #104  
Anchorage, AK 99507  
907-770-6693

Chugach Physical Therapy  
2740 Lake Otis Pkwy  
Anchorage, AK 99508  
907-272-8615

**Hand therapy**
Alaska Hand Rehabilitation  
4015 Lake Otis Pkwy #200  
Anchorage, AK 99508  
907-563-8318

For all other services in Anchorage, (such as a regular doctor), you can go to any PPO provider you want.
How to Find a Doctor

We're happy to help you find a doctor!

Call:

- UNITE HERE HEALTH at 844-427-8501 or
- MultiPlan at 888-636-7427 (press 1)

Visit us online:

- UNITE HERE HEALTH at www.uhh.org/alaska
- MultiPlan at www.multiplan.com

You can look for a doctor based on:

- Specialty
- Zip code
- Language
- Gender
- Taking new patients and much more

We want you to be comfortable with your doctor and happy with your care!
MRC - Your Care Team

Medical Rehabilitation Consultants (MRC) is your care team! They'll help you get the care you need.

MRC's team of nurses and health coordinators work with you and your doctor to make sure you get quality, timely treatment. They also handle prior authorization and help if you have a serious health problem or need surgery.

MRC can help you with:

- **Prior authorization**
  - You must get prior authorization (approval) from MRC before you get certain services, such as:
    - Hospital stays
    - Rehabilitation services
    - Hospice services
    - Outpatient surgery
    - Carpal tunnel release
    - Knee arthroscopy
    - Inpatient services for mental health, behavioral health or substance abuse
    - Surgery to treat morbid obesity
    - Clinical trials

- **Serious health conditions**
  - MRC will help schedule your appointments and help you find specialists if you have a serious health condition, such as:
    - Cancer
    - Diabetes
    - COPD/asthma
    - Heart problems or a stroke
    - High risk pregnancy or premature birth
    - Trauma or head injury

- **Surgery**
  - Surgery can be stressful. MRC will help you prepare for your surgery and assist you during your recovery.

Call Medical Rehabilitation Consultants at **800-827-5058**.
The Coalition Health Centers offer you and your family quality care at low costs! There's **no copay** for services. You won't have to pay your deductible there either.

**Examples of what you can get help with:**

- Sore throat
- Ear exams
- Fever and flu
- Sinus problems and allergies
- Wellness exams and physicals
- Prescriptions
- Skin problems and rashes
- Minor injuries
- Minor surgical procedures
- Immunizations
- Labs
- Chronic conditions

**Locations:**

**Anchorage:**
2741 Debarr Rd, Suite C210
Anchorage, AK 99508
907-264-1370
Ages: 5 years and older

**Fairbanks:**
575 Riverstone Way, Unit 1
Fairbanks, AK 99709
907-450-3300
Ages: 2 years and older

**Hours:**

**You can make appointments:**
Monday through Friday
7:30am to 6:30pm
Saturday: 8:00am to 2:00pm

**You can walk in:**
Monday through Friday
8:30am to 4:30pm
(For unexpected needs only)

**Important:**
Please be sure to show up for your appointments or cancel 24 hours before. Your Plan has to pay a **$75 no-show fee** for missed appointments.

Please call one of the Coalition Health Centers to make your appointment or visit during walk-in hours.
Urgent Care

When should you go to an Urgent Care?

• When your doctor isn't available
• Outside of normal office hours (nights & weekends)
• When you need medical care right away

Urgent Care is for emergencies that are NOT a danger to your life.

Examples of problems treated at Urgent Care:

• Accidents and falls
• Sprains and strains
• Fever or flu
• Sore throat
• High fever
• Vomiting or diarrhea
• Bleeding cuts that need stitches

To find an Urgent Care near you:

• Visit our website at www.uhh.org/alaska or
• Call UNITE HERE HEALTH at 844-427-8501.

You can also video visit with doctors!

You can have a doctor's appointment by video. Teladoc lets you use your computer, cell phone or mobile device to get care from a board certified doctor 24/7. There's no charge for this great service. Visit teladoc.com to set up your member account.
Dental Care

You have dental benefits!

Going to the dentist and keeping up on your dental care is an important part of staying healthy. Your dental health affects your overall health.

Dental coverage is for employees only. Your dependents don't have dental coverage.

<table>
<thead>
<tr>
<th>Dental plan feature</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$50</td>
</tr>
<tr>
<td>Annual maximum</td>
<td>$1,000 per calendar year</td>
</tr>
<tr>
<td>Picking your dentist</td>
<td>You can go to any dentist you want.</td>
</tr>
<tr>
<td>What you pay</td>
<td>The Plan pays 100% for preventive and diagnostic services.* You pay your deductible and 50% coinsurance for other services.*</td>
</tr>
<tr>
<td>Who's covered?</td>
<td>Employees only</td>
</tr>
<tr>
<td>Specialists</td>
<td>You can see specialists without referrals.</td>
</tr>
</tbody>
</table>

*Services received will be covered up to the Usual & Customary Charge (UCC). Any amounts above the UCC will not be covered. You may receive a balance bill from the provider.

Want more information about your dental benefits? Call UNITE HERE HEALTH at 844-427-8501.
Where to Get Your Medicine

You can go to any pharmacy in the CVS/Caremark network including:

- Carrs/Safeway
- Costco
- CVS
- Fred Meyer
- Target
- Walgreens

To find more pharmacies near you call CVS/Caremark at 866-818-6911 or go to www.caremark.com.

You can also get your medicine through the Mail Order Program.

Save time and money by getting your medicine delivered to you. This is a great service if you take a medicine regularly. Prices through the program are usually lower. You can also get up to a 90-day supply instead of a 30-day supply at once.

Call 866-818-6911 to sign up to get your medicine by mail!
Costs for Your Medicine

You pay part of the cost for your prescription drugs. The amount you pay depends on your medicine and where you get it.

Here are some important details about your prescription drug plan.

<table>
<thead>
<tr>
<th>Prescription drug feature</th>
<th>What you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive prescriptions or supplies</td>
<td>No charge</td>
</tr>
<tr>
<td>Prescriptions at a retail pharmacy</td>
<td>30% coinsurance ($5 minimum)</td>
</tr>
<tr>
<td>Diabetic oral medicine, insulin and supplies</td>
<td>• $5 copay at a retail pharmacy; • $10 copay by mail order</td>
</tr>
<tr>
<td>Prescriptions by mail</td>
<td>30% coinsurance ($10 minimum)</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$2,350 per person; $4,700 per family</td>
</tr>
</tbody>
</table>

For **compound medications** that cost $500 or more, you must get prior authorization. Please call CVS at **866-818-6911**.

**Important:**
If you get a brand drug when a generic drug is available, you will have to pay the full cost of the difference between the brand drug and generic drug.

**Do you have diabetes?**
You can get a free glucometer by calling the customer service number on your ID card. A glucometer is a tool to measure the sugar in your blood. It's very important to have one if you have diabetes.
Life and AD&D insurance gives you and your family peace of mind!

You have Life and AD&D insurance at no cost to you! Your job pays for it and it's a part of your benefits when you enroll. Your dependents are not eligible for life and AD&D insurance.

Life and AD&D insurance can provide support for your family if something were to happen to you. It's meant to temporarily replace your income and relieve some of your family's stress if you get hurt in an accident or pass away.

It can help your family with:

- Monthly rent and utilities
- Debt or school tuition
- Funeral and burial costs
- Other things that may be needed

It's very important for you to choose a beneficiary!

The person(s) you choose as your beneficiary will be paid your life insurance benefit if something happens to you. You can pick whoever you want as your beneficiary and have more than 1 beneficiary. You can also change your beneficiary at any time.

Be sure to complete a beneficiary form:

1. Go to uhh.org/alaska for the form.
2. Fill out the form with your beneficiary’s information, sign and date it, and make a copy to keep with your important papers.
3. Mail the original form to:

   UNITE HERE HEALTH
   711 N. Commons Drive
   Aurora, IL 60504